

PAGE #41 -

6/4/2010 I DRAFTED A LETTER TO  
RAY WALSH GENERAL FOREMAN + PLACED BEHIND  
his DOOR. SEE ENCLOSED Letter

TERRY L HAYES  
SENIOR Vice president LABOR RELATIONS  
TIME NYT

CC: EEOC

I DID note in this Letter to FORWARD  
A COPY OF THE CRAF ACTION Letters  
WHICH I WAS NOT ALLOWED to have to  
EEOC.

PAGE 125

2 CRAFT Action Letters A total of  
9 DAYS OFF A CONSPIRACY of 2 or  
more individuals THAT misconstrued  
THE FACTS. PRESENTLY I do have A  
DISABILITY of the Eyes + Legs Under  
DOCTORS CARE. THESE Letters were  
CRAFTED Under A STANDARD format of  
"JOB PERFORMANCE".

THANK You,

Joseph Cosablonca.

THURSDAY June 3rd. 10pm  
IN HOUSE MAIL

JOSEPH CASTBLANCH  
29 ELLINGTON Way  
New Hempstead, NY  
10977

TERRY L HAYES  
SENIOR VICE PRESIDENT LABOR RELATIONS  
THE NYT  
620 8th AVE  
NYC, NY 10018

ON THURSDAY 6/3/2010 I WAS  
I WAS INFORMED BY MICHAEL JOLLO  
(NIGHTSIDE Chairman)  
THAT RAY WALSH CONFIRMED  
9 DAYS JUNE 6th - JUNE 18th  
OFF THE SIGN UP SHEET (without pay)  
for 2 Craft Action LETTERS  
by Bill Noroda + Brian McCabe issued by J G McCabe  
THAT I REQUESTED COPIES (Demand)  
to Go to MYSELF Tom Schantz  
AND EEOC Comm. Joseph Castblanca  
NYT Complaint file

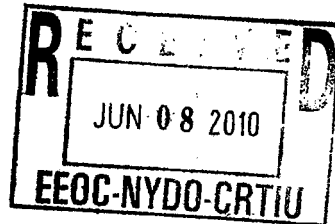
Joseph Castblanca

CC. Tom Schantz  
EEOC Comm, NYC, NY  
RAY WALSH

TERRY L HAYES  
Personal Comm to L in mail

~~PAID~~ (SIA) (Washington's Birthday FEBRUARY 15, 2010)  
IS OBSERVED WEEK OF 2/22

I SCHEDULED 2 DAYS off work the  
WRONG WEEK (1 week ~~prior~~ <sup>After</sup> to I ACTUALLY  
WANTED.) FAILURE TO CALL RESULTED IN  
2 DAYS off of work (without pay)  
4/24/2010 + 4/25/2010



Kathleen Greer Field

212 336 3762

John

Waldinger

=

212 336 3620 main#

\*

John Heffernon phone call.

Approx mid 6/7/2010

12:35 pm

He Confirmed everything Against  
me.

Said i was reading post.  
also mentioned Attendance.  
i admitted because of  
presidents day a mistake.



# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

## 1. Personal Information

Last Name: CASABLANCA First Name: Joseph MI: M  
 Street or Mailing Address: 29 Ellington Way Apt or Unit #: \_\_\_\_\_  
 City: New Hempstead County: Rockland State: N.Y. Zip: 10977  
 Phone Numbers: Home: (845) 300 2640 Work: ( ) \_\_\_\_\_  
 Cell: ( ) \_\_\_\_\_ Email Address: JCasablan@aol.com  
 Date of Birth: 6-28-59 Sex: ☒ Male ☐ Female Do You Have a Disability? ☒ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☒ White

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: JEANNE N Jabouin Relationship: Friend  
 Address: 2317 Cornell Circle City: McDonough State: GA Zip Code: 30253-6910  
 Home Phone: (404) 6246418 Other Phone: ( ) \_\_\_\_\_

## 2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) \_\_\_\_\_

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: New York Times (Corporate Office) ACTUAL WORKSITE NEW YORK TIMES PLAZA  
1 PLAZA FLUSHING, QUEENS 11354

Address: 620 8th Avenue County: \_\_\_\_\_

City: New York State: N.Y. Zip: 10018 Phone: (212) 5561234

Type of Business: \_\_\_\_\_ Job Location if different from Org. Address: \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_ Phone: (212) 5561234

Number of Employees in the Organization at All Locations: Please Check (X) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☒ 201 - 500 ☐ More than 500

## 3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ No

Date Hired: 12/27/1978 Job Title At Hire: Junior pressman

Pay Rate When Hired: \_\_\_\_\_ Last or Current Pay Rate: 44.31

Job Title at Time of Alleged Discrimination: Pressman Date Quit/Discharged: \_\_\_\_\_

Name and Title of Immediate Supervisor: Ray Walsh

If Job Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

## 4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☐ Sex ☐ Age ☒ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:  
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: \_\_\_\_\_

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain): \_\_\_\_\_

## 5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 4/18/2010 Action: Screaming Yelling Verbal Abuse (Bill Noroda Foreman assigned to 41 press)  
elmying production start up copies" Says I was issued a Craft Action Letter by JG McCabe  
Name and Title of Person(s) Responsible: BILL NORODA (Foreman) JG McCabe Assistant General Foreman

B. Date: 4/22/2010 Action: Screaming Yelling + Verbal Abuse (Brian McCabe assigned to 44 press)  
nd washed ink off my hands + eyes, I was issued a craft action letter by JG McCabe  
Name and Title of Person(s) Responsible: BRIAN McCabe (Foreman) JG McCabe Assistant General Foreman

## 6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

SAFETY RISK LEVEL OF ACCIDENTAL INJURY THERE IS NO  
set standard" on Job Level Diligent performance Due to the HIGH LEVEL  
injury that can occur

## 7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Job performance JG McCabe, Assistant General Foreman

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
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A. \_\_\_\_\_

B. \_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated worse than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. Timothy O'Connor		pressman	TIME OFF OF WORK Due to performance LEVELS
B. Eddie Bannan		Junior pressman	TIME OFF OF WORK Due to performance LEVELS

Of the persons in the same or similar situation as you, who was treated the same as you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. Frank Donnativ		pressman IN CHARGE	CRAFT ACTION LETTER f USING THE Bathroom
B.			

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☒ Yes, I have a disability  
☐ I do not have a disability now but I did have one  
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

AFFECTS EYE SIGHT and Long hours on feet up steps.

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☒ Yes ☐ No

If "Yes," what medication, medical equipment or other assistance do you use?

SAVELLA, cyclosporine opthalmic

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☐ Yes ☒ No

If "Yes," when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: \_\_\_\_\_

How did your employer respond to your request? \_\_\_\_\_



13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. FRANK DONNITIN	Pressman in Charge		THE truth to Startly what is going on Discrimination in this press Room.
B.			PLEASE Contact me I will GET his Contact info to you.

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: \_\_\_\_\_

16. Have you sought help about this situation from a union, an attorney, or any other source? ☒ Yes ☐ No

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

LOCAL 2 PRINTERS PRESSMAN'S UNION, TOM SCHANTZ (STOP CHARMEN) who  
 "on SEES OVER UNION MEMBERS (No Corrective MEASURES)" JOHN HELFFERNAN LOCAL 2 PRESIDENT No phone CALL RETURNS.

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

**BOX 1** ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

**BOX 2** ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Joseph Casabianca  
 Signature

5-13-2010  
 Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

C

BEST BUY 50th STREET  
+  
E + 7th AVE

**Deepak Vasishtha, M.D. F.A.A.P.M.R.**

Diplomate Physical Medicine & Rehabilitation  
• Pain Management

257 S. Middletown Road  
Nanuet, NY 10954

Tel: 845-623-8000  
Fax: 845-623-0770

*All insurance*

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

**DISMISSAL AND NOTICE OF RIGHTS**

To: **Joseph Casablanca**  
**29 Ellington Way**  
**Spring Valley, NY 10977**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**846-2010-51116**

**Katherine Greenfield,**  
**Investigator**

**(212) 336-3762****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

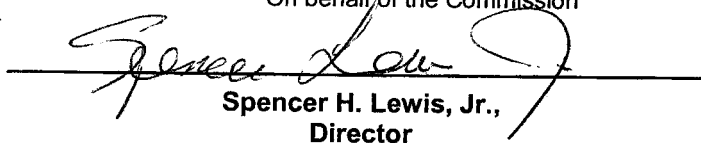
(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Enclosures(s)

  
**Spencer H. Lewis, Jr.,**  
**Director**

6/29/10

(Date Mailed)

cc:

**Director**  
**Human Resources**  
**NEW YORK TIMES CORPORATION**  
**620 Eighth Ave**  
**New York, NY 10018**

**INFORMATION RELATED TO FILING SUIT  
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law.  
If you also plan to sue claiming violations of State law, please be aware that time limits and other  
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),  
the Genetic Information Nondiscrimination Act (GINA), or the Age  
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

**PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):**

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- *not* 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

**ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:**

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

**ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:**

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

**IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.**

Joseph Casablanca  
29 Ellington Way  
Spring Valley, NY 10977  
(845) 300.2640

September 28, 2010

Katherine Greenfield  
Field Investigator  
US Equal Employment Opportunity Commission  
New York District Office  
33 Whitehall Street  
5<sup>th</sup> Floor  
New York, NY 10004  
(212) 336.3762

**Re: Casablanca, Joseph v. New York Times Corporation**  
**EEOC Charge No: 846-2010-51116**

Dear Ms. Greenfield,

Please be advised that I went to the Pro Se Office of the United States District Court, Southern District of New York today at 500 Pearl Street and was told that I should request an extension to file a lawsuit from your office and to inform your office as such that I will be filing a lawsuit.

I have been trying to find an attorney for many months to no avail, as the cost of retaining an attorney is quite expensive. I have recently met a paralegal that is helping me to find an attorney who would consider taking my case on a contingency basis.

Let this be the official notice as such that I will be filing initial papers with the United States District Court this week. I appreciate your assistance in this matter. If you have any questions do not hesitate to contact me.

Sincerely,



Joseph Casablanca  
Enc.

Cc: Spencer H. Lewis, Jr. Director

**FAX**

**To:** Katherine Greenfield, Field Investigator  
US Equal Employment Opportunity Commission  
Phone: (212) 336.3762  
Fax: 212.336.3624

**From:** Joseph Casablanca, 29 Ellington Way, Spring Valley, NY 10977  
Phone: (845) 300.2640

**Date:** September 30, 2010

---

**Re: Casablanca, Joseph v. New York Times Corporation**  
**EEOC Charge No: 846-2010-51116**

Dear Ms. Greenfield,

Please see attached letter regarding filing of lawsuit in the above matter. Thank you



Joseph Casablanca  
29 Ellington Way  
Spring Valley, NY 10977  
(845) 300.2640

September 28, 2010

Katherine Greenfield  
Field Investigator  
US Equal Employment Opportunity Commission  
New York District Office  
33 Whitehall Street  
5<sup>th</sup> Floor  
New York, NY 10004  
(212) 336.3762

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Sincerely,



Joseph Casablanca  
Enc.

Cc: Spencer H. Lewis, Jr. Director

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <span style="float: right;">846-2010-51116</span>	
<b>New York State Division Of Human Rights</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Mr. Joseph Casablanca</b>		Home Phone (Incl. Area Code) <b>(845) 300-2640</b>	
Date of Birth <b>6/28/59</b>			
Street Address City, State and ZIP Code <b>29 Ellington Way, Spring Valley, NY 10977</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>New York Times Corporation</b>		No. Employees, Members <b>300</b>	
Street Address City, State and ZIP Code <b>620 8th Avenue, New York, N.Y. 10018</b>		Phone No. (Include Area Code) <b>212 5561234</b>	
Name 		No. Employees, Members 	
Street Address City, State and ZIP Code 		Phone No. (Include Area Code) 	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <div style="text-align: center; font-size: 1.2em;"> <p>I do have a problem with</p> <p>multiple KETATAL pain syndromes. THIS Harassment in my</p> <p>did inflict Great Stress triggering chronic pain,</p> <p>Affecting my sleep, thinking, my eyes and my</p> <p>well being of Life is totally destroyed.</p> </div>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date <b>6/15/2010</b>		Charging Party Signature <b>Joseph Casablanca</b>	





**U.S. Equal Employment Opportunity Commission  
New York District Office**

33 Whitehall Street  
5th Floor  
New York, NY 10004  
(212) 336-3620  
TDD: 1-800-669-6820  
FAX (212) 336-3625  
1-800-669-4000

Respondent: NEW YORK TIMES COMPANY  
EEOC Charge No.: 846-2010-51116  
FEPA Charge No.:

June 24, 2010

Joseph Casablanca  
29 Ellington Way  
Spring Valley, NY 10977

Dear Mr. Casablanca:

This is to acknowledge receipt of the above-numbered charge of employment discrimination against the above-named respondent. Please use the "EEOC Charge No." listed above whenever you call us about this charge. The information provided indicates that the charge is subject to:

- ☐ Title VII of the Civil Rights Act of 1964 (Title VII)
- ☐ The Age Discrimination in Employment Act (ADEA)
- ☒ The Americans with Disabilities Act (ADA)
- ☐ The Equal Pay Act (EPA)
- ☐ The Genetic Information Nondiscrimination Act (GINA)

You need do nothing further at this time. We will contact you when we need more information or assistance. A copy of the charge or notice of the charge will be sent to the respondent within 10 days of our receipt of the charge as required by our procedures.

- ☒ Please be aware that we will send a copy of the charge to the agency listed below as required by our procedures. If the charge is processed by that agency, it may require the charge to be signed before a notary public or an agency official. Then the agency will investigate and resolve the charge under their statute. If this occurs, section 1601.76 of EEOC's regulations entitles you to ask us to perform a Substantial Weight Review of the agency's final finding. To obtain this review, a written request must be made to this office within 15 days of receipt of the agency's final finding in the case. Otherwise, we will generally adopt the agency's finding as EEOC's.

New York State Division Of Human Rights  
Federal Contract Unit  
One Fordham Plaza, 4 Fl.  
Bronx, NY 10458

While your charge is pending, please notify us of any change in your address, or where you can be reached if you have any prolonged absence from home. Your cooperation in this matter is essential.

Sincerely,

A handwritten signature in dark ink, appearing to be "JW", is written over a horizontal line.

John Waldinger  
Supervisory Investigator  
(212) 336-3776

Office Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m.  
[www.eeoc.gov](http://www.eeoc.gov)

Enclosure(s)

EEOC FORM 131 (11/09)

## U.S. Equal Employment Opportunity Commission

Director Human Resources  
NEW YORK TIMES CORPORATION  
620 Eighth Ave  
New York, NY 10018

## PERSON FILING CHARGE

Joseph Casablanca

THIS PERSON (check one or both)

☒ Claims To Be Aggrieved☐ Is Filing on Behalf of Other(s)

EEOC CHARGE NO.

846-2010-51116

## NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

☐ Title VII of the Civil Rights Act (Title VII)☐ The Equal Pay Act (EPA)☒ The Americans with Disabilities Act (ADA)☐ The Age Discrimination in Employment Act (ADEA)☐ The Genetic Information Nondiscrimination Act (GINA)

The boxes checked below apply to our handling of this charge:

1. ☒ No action is required by you at this time.2. ☐ Please call the EEOC Representative listed below concerning the further handling of this charge.3. ☐ Please provide by \_\_\_\_\_ a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.4. ☐ Please respond fully by \_\_\_\_\_ to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.5. ☐ EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by \_\_\_\_\_ toIf you **DO NOT** wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

John Waldinger,  
Supervisory Investigator

EEOC Representative

Telephone (212) 336-3776

New York District Office  
33 Whitehall Street  
5th Floor  
New York, NY 10004

Enclosure(s): ☒ Copy of Charge

## CIRCUMSTANCES OF ALLEGED DISCRIMINATION

☐ Race ☐ Color ☐ Sex ☐ Religion ☐ National Origin ☐ Age ☒ Disability ☐ Retaliation ☐ Genetic Information ☐ Other

See enclosed copy of charge of discrimination.

Date

June 24, 2010

Name / Title of Authorized Official

Spencer H. Lewis, Jr.,  
Director

Signature



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
New York District Office**

Katherine Greenfield  
Investigator  
Phone (212) 336-3762  
Fax (212) 336-3624

33 Whitehall Street, 5<sup>th</sup> Floor  
New York, NY 10004-2112  
For General Information: (800) 669-4000  
TTY: (800)-669-6820  
District Office: (212) 336-3620  
General FAX: (212) 336-3625

May 21, 2010

Mr. Joseph Casablanca  
29 Ellington Way  
New Hempstead, NY 10977

**Re Casablanca, Joseph v. New York Times Corporation**  
**EEOC Charge No.: 846 – 2010 – 51116**

Dear Mr. Casablanca,

This is in reference to the intake questionnaire you submitted to our office (either electronically or by mail) in which you alleged employment discrimination by the above-named respondent. The information provided indicates that the matter complained of is subject to one or more of the following laws:

- ☐ Title VII of the Civil Rights Act of 1964 (Title VII)
- ☐ The Age Discrimination in Employment Act (ADEA)
- ☒ The Americans with Disabilities Act (ADA)
- ☐ The Equal Pay Act (EPA)

The attached EEOC Form 5, Charge of Discrimination, was drafted as a result of the information provided. Note that you should only send the form if you currently wish to file a charge of discrimination regardless of whether or not we will be investigating your allegations. **Submission of this form constitutes a formal request to file a charge of discrimination.** If you wish to proceed, to enable proper handling of this action by the Commission you should:

- (1) Review the enclosed charge form and make any corrections.
- (2) Sign, date, and get notarized, the charge in the bottom left hand block
- (3) Return the signed charge (it is not necessary to return the Privacy Form) to this office to my attention with an original signature (no faxes); please provide the original plus **three copies** in order to expedite the processing of the charge.

Be sure to include any information that is missing and/or incomplete, including but not limited to your date of birth, Respondent's (the company you worked for) name, address, telephone number, and number of employees. **We cannot serve your charge unless this information is provided.** Since charges must be filed and processed within the time limits imposed by law, please complete these steps as soon as possible.

Before we initiate an investigation, we must receive your signed Charge of Discrimination (EEOC Form 5). To proceed, sign and return the charge within thirty (30) days from the date of this letter. Under EEOC procedures, if we do not hear from you within 30 days or receive your signed charge within 30 days, we are authorized to dismiss your charge and issue you a right to sue letter allowing you to pursue the matter in federal court.

[X] Be aware that after we receive your signed Form 5, the EEOC will send a copy of the charge to the agency listed below as required by our procedures. If that agency processes the charge, it may require the charge to be signed before a notary public or an agency official. The agency will then investigate and resolve the charge under their statute.

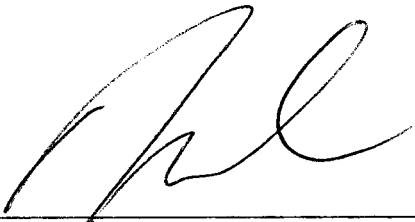
New York State Division Of Human Rights  
Federal Contract Unit  
One Fordham Plaza, 4 Fl.  
Bronx, NY 10458

Please use the "EEOC Charge No." listed at the top of this letter whenever you call us about this charge. Please also notify this office of any change in address or of any prolonged absence from home. Failure to cooperate in this matter may lead to dismissal of the charge.

Please also read the enclosed brochure, "What You Should Know Before You File A Charge With EEOC," for answers to frequently asked questions about employee rights and the EEOC process. If you have any questions, you may call me at the number above. If you have to call long distance, you may call collect.

Office Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m.  
[www.EEOC.gov](http://www.EEOC.gov)

Sincerely,



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Katherine Greenfield  
Federal Investigator  
U.S. Equal Employment Opportunity Commission  
New York District Office